MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11577

# CERTIFICATE OF DEATH

Reg. Dist. No. 382

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) --

**3. NAME OF DECEASED: (Type or Print)** (First) Frank (Middle) -- (Last) Barbon

**4. DATE OF DEATH:** (Month) 11 (Day) 16 (Year) 19 53

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** 4-3-1867

**9. AGE last birthday:** 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Bibe

**10b. KIND OF BUSINESS OR INDUSTRY:** ****

**11. BIRTHPLACE** (State or foreign country): Rollandsville, Md.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Thomas Graham

**14. MOTHER'S MAIDEN NAME:** Sarah Graham

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 214-18-4280A

**17. INFORMANT & ADDRESS:** Hospital Records

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1778

Immediate cause (a) Generalized Carcinomatosis — Interval between onset and death: 3 years.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of Prostate

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease — ?

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1953, to 11-16, 1953, that I last saw the deceased alive on 11-16, 1953 and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE Robert Jones (DEGREE OR TITLE) MD ADDRESS Eastern Shore State Hosp. DATE SIGNED 11-16-53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF 11-18-53 — NAME OF CEMETERY OR CREMATORY Grace Cemetery — LOCATION (City, town, or county) (State) Mt Vernon, Md.

DATE REC'D BY LOCAL REG. 11-18-53 — REGISTRAR'S SIGNATURE Mary M. Holloway

**24. FUNERAL DIRECTOR** Leon R. Wilson — ADDRESS Princess Anne, Md.

A15 8-51

RECEIVED
NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11578

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Wicomico (COUNTY) MARYLAND (STATE)
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt. DOA. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland (STATE) Wicomico (COUNTY)
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural give location) 321 Naylor Street,

3. NAME OF DECEASED: (Type or Print) (First) Norris (Middle) C. (Last) Beauchamp
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 28. 1953.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 13-1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Merchant Mariens
11. BIRTHPLACE (State or foreign country): Westover, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry A. Beauchamp
14. MOTHER'S MAIDEN NAME: Cornelia Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Norris C. Beauchamp (Nephew) Box 58 Fruitland, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Thrombosis — 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21, 1953, to died, 19....., that I last saw the deceased alive on 11-21, 1953, and that death occurred at 3 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Lee L Lowry M.D. ADDRESS Fruitland Md. DATE SIGNED 11-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Dec. 1. 1953. NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park. LOCATION (City, town, or county) (State) Salisbury, Maryland.

DATE REC'D BY LOCAL REGISTRAR 11-30-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & Company, Salisbury, Md.
Walter R. Holloway

VS. A

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DEC 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 11571 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicimico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland md — LENGTH OF STAY (in this place) 2 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Morris St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicimico — CITY OR TOWN Fruitland — STREET ADDRESS (If rural give location) Morris St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Booker

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH: 3-6-69 — 9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: None — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): Fruitland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Black — 14. MOTHER'S MAIDEN NAME: Amelia Pucham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT & ADDRESS: David Black

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to Dec 7, 19....., that I last saw the deceased alive on 11-15-53, 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee L Lacy III D — ADDRESS Fruitland — DATE SIGNED 11-20-

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-23-53 — NAME OF CEMETERY OR CREMATORY Mt Calvary Cem — LOCATION (City, town, or county) (State) Fruitland - Wicimico, Md

DATE REC'D BY LOCAL REGISTRAR 11-23-53 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Booker & Mc Leod — ADDRESS Salisbury, Md.

VS.

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NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Royer

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

11580

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Wicomico; CITY OR TOWN Salisbury; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 676 West Main St. |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| ELMER | | BOUNDS | NOV. | 8 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Jan. 9, 1880 | 73 yrs. | 10 | 0 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | | Siloam Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Azariah C. Bounds | Mary A. White |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | Mrs. Avon L. Bounds (Wife) 676 W. Main St Salisbury, Maryland |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Embolus | Sudden |
| 904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Fracture of Femur | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Home | Salisbury | Wicomico | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? |
|---|---|---|
| Oct 22 1953 P m. | | Fell at Home |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Earl L. Royer | W. Division St. Salisbury, Md. | Nov. 9 1953 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Nov. 10 1953 | Wicomico Memorial Park | Salisbury, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11-9-53 | Mary W. Holloway | HOLLOWAY & COMPANY | SALISBURY MARYLAND |

Walter R. Holloway — Walter R. Holloway

V 215A

RECEIVED
NOV 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11581

Dr. ~~A. Smith~~

# CERTIFICATE OF DEATH

Reg. Dist. No. 337

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (BABY) (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) NOV. (Day) 7 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 5, 1953

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months Days 2
IF UNDER 24 HRS.: Hours 3Ø Min. 23

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pen. Gen. Hospital Sal. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charlie Lee Brown

14. MOTHER'S MAIDEN NAME: Kathleen Creighton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Charlie L. Brown (Father) Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0
Immediate cause (a) atelectasis
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5, 1953, to 11/7, 1953 that I last saw the deceased alive on 11/6, 1953, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. C. Mitchell M.D.
ADDRESS N. Division St. Salisbury, Md.
DATE SIGNED Nov. 9 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 9 1953
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND
ADDRESS

20X3473383

Walter R. ~~Holloway~~ Holloway

RECEIVED
NOV 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland
STREET ADDRESS (If rural give location): 1526 W. Lanvale Street

**3. NAME OF DECEASED:** (Type or Print) (First) Andrew (Middle) -- (Last) Caldwell

**4. DATE OF DEATH:** (Month) November (Day) 5 (Year) 19 53

**5. SEX:** M

**6. COLOR OR RACE:** Colored

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Separated

**8. DATE OF BIRTH:** 3/25/88

**9. AGE last birthday:** 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): None

**10b. KIND OF BUSINESS OR INDUSTRY:** --

**11. BIRTHPLACE** (State or foreign country): Louisiana 16

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Henry Caldwell

**14. MOTHER'S MAIDEN NAME:** Laura Bolden

**15 WAS DECEASED EVER IN U S ARMED FORCES?** (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

**16 SOCIAL SECURITY NO.:** --

**17. INFORMANT & ADDRESS:** Hospital records

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Embolism of brain due to — Interval Between Onset And Death: 5 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Ca of prostate gland c. generalized metastases — 15 mo

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inactive tuberculosis of rt. lung apex — unknown.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1953, to 11/5, 1953 that I last saw the deceased alive on 10/5, 1953, and that death occurred at 12.25 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) V. Fuerman MD — ADDRESS Deer's Head State Hospital, Salisbury Md — DATE SIGNED 11/5/53

**23. BURIAL, CREMATION, REMOVAL** (Specify) Removal — DATE THEREOF 11-10-53 — NAME OF CEMETERY OR CREMATORY Fendoniciel Bd. — LOCATION (City, town, or county) Balto city (State)

DATE REC'D BY LOCAL REGISTRAR 11-18-53 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR Booker M. Lucas — ADDRESS

VS. AD

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NOV 12 1953
BUREAU V. S.

Film #G159 Item # 2 11/12/53 emp

MARYL ND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11583

Dr. Insley

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Worcester
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin R. D. 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) THEODORA (Middle) E (Last) CAREY
4. DATE OF DEATH: (Month) NOV. (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 4, 1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Own Home
11. BIRTHPLACE (State or foreign country): R. D. Salisbury, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Nicholson
14. MOTHER'S MAIDEN NAME: Mary Marvel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. David F. Carey (Husband) R. D. #2

18. MEDICAL CERTIFICATION Berlin, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 171X (a) DUE TO Generalized Carcinomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma cervix

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1953 to 11-3, 1953, that I last saw the deceased alive on 11-3, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS E. Main St. Salisbury, Md DATE SIGNED Nov. 4 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 9 1953
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-4-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY, MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
NOV 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1584

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) 416 Elizabeth Street.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Clouser.
4. DATE OF DEATH: (Month) (Day) (Year) November 27 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: November 21-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Salisbury, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert William Clouser.
14. MOTHER'S MAIDEN NAME: Norma Lee Gardner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Albert William Clouser.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
7C2.5
Immediate cause (a) Respiratory & Cardiac Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Volvulus - Small intestine
DUE TO
(c) Post-maturity - 3 to 4 wks

Interval Between Onset And Death: 6 hrs Relieved at operation 11/25

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asphyxia Neonatorum

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21, 1953, to 11/27, 1953, that I last saw the deceased alive on 11/27, 1953, and that death occurred at 11:20 AM., from the causes and on the date stated above.
SIGNATURE William C. Morgan (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-28-53
NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery
LOCATION (City, town, or county) Delmar Del (State)
DATE REC'D BY LOCAL REGISTRAR 11-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR G. S. Marvel Co.
ADDRESS Delmar, Del.

20X3303404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 325

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
LENGTH OF STAY (in this place) 30 yrs 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water & Railway St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural give location) Water & Railway St

3. NAME OF DECEASED: (Type or Print) (First) Levin (Middle) Burton (Last) Collins

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 5 1871

9. AGE Last birthday: 82 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Helper

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Martin Collins

14. MOTHER'S MAIDEN NAME: Hettie Elzey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-16-6894

17. INFORMANT & ADDRESS: Gordy Collins - Sharptown

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause | (a) Chronic Cardiac Valvular disease | 8 mo. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) asthma | 6 mo. |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1950, to Nov 18, 1953, that I last saw the deceased alive on Nov 18, 1953, and that death occurred at 5 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) W. S. Kuhlman M.D.
ADDRESS Sharptown Md
DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/24/53
NAME OF CEMETERY OR CREMATORY Bivalve Church
LOCATION (City, town, or county) (State) Bivalve Md

DATE REC'D BY LOCAL REGISTRAR Nov 21, 1953
REGISTRAR'S SIGNATURE Mary C Queen

24. FUNERAL DIRECTOR Fred J Smith Sharptown Md
ADDRESS

VS. AD

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Wicomico Salisbury MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Route # 5

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Mae (Last) Collins

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 12/10/10
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Seaford Delaware
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: William Heskins
14. MOTHER'S MAIDEN NAME: Shurlothie Webster

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

Immediate cause (a) Generalized carcinomatosis — Interval Between Onset And Death 1 y.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of uterus — 5 y.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosel. heart disease ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 , to 11-18 , 1953, that I last saw the deceased alive on 11/18 , 1953 and that death occurred at 6:30 A.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. Mallory M.D. Deer's Head St. Hosp. Salisbury Md.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Nov. 20-53 NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REGISTRAR 11-23-53 REGISTRAR'S SIGNATURE Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
1953
BUREAU W. S.

Item 18 Film G160 12-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dagsboro V-[illegible]
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wanda (Middle) (Last) Cropper

4. DATE OF DEATH: (Month) 11 - (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb 10, 1949
9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR Months 8 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elisha Cropper
14. MOTHER'S MAIDEN NAME: Lina Lynch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elisha Cropper, Dagsboro Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Necrosis — Interval Between Onset And Death: 6 days.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Arrest — 6 days

DUE TO

(c) Anesthesia (for T & A which was not accomplished) — 6 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hosp.
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 .. , to ..... , 19... , that I last saw the deceased alive on ..... , 19 .. , and that death occurred at 12:10 AM, from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] M.D. ADDRESS Salisbury, Md DATE SIGNED 11/5/53.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-7-53 NAME OF CEMETERY OR CREMATORY Roxana Cemetery LOCATION (City, town, or county) Roxana, Del. (State)

DATE REC'D BY LOCAL REGISTRAR 11-7-53 REGISTRAR'S SIGNATURE Mary M. Holloway
24. FUNERAL DIRECTOR Henry H Watson & C. Pocomoke, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1

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NOV 30 1933
BUREAU V. S.

Film#G160 Item# 8 12/7/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicimico COUNTY Md. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Town
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: Md STATE Wicimico Co. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Town
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) R. Doshell
4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11-18-1855
9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Quantico Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Goddes
14. MOTHER'S MAIDEN NAME: Julia Roxyboro.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Julia Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia — 24 hours.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct, 1953, to 21 Nov, 1953, that I last saw the deceased alive on 21 Nov 1953 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard H. Saunders MD. ADDRESS Nanticoke Md. DATE SIGNED 11/23/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-26, 1953
NAME OF CEMETERY OR CREMATORY New town Cem
LOCATION (City, town, or county) New Town (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker Wheeler ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

RECEIVED
NOV 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury /2
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury /
STREET ADDRESS (If rural give location) 15 [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) (Last) [illegible]

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 14, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Uriah Dickerson
14. MOTHER'S MAIDEN NAME: Mary Godfrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mre Edith Dayton, 620 light st.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) DUE TO Lobar pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma bladder - Secondary anemia.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 1953, to 11-15, 1953, that I last saw the deceased alive on 11-14, 1953, and that death occurred at 2:45 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS Salisbury Md DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/17/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland
DATE REC'D BY LOCAL REGISTRAR 11-17-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co, Salisbury, Maryland ADDRESS George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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BUREAU V. S.

Film#G159 Item# 13,14, 11/13/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 12

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

STREET ADDRESS West Road (If rural give location) [redacted]

**3. NAME OF DECEASED:** (Type or Print) (First) Sylvester (Middle) [illegible] (Last) Dixon

**4. DATE OF DEATH:** (Month) November (Day) 5 (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | | about 1901 | about 52 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | Farming | Salisbury, Wicomico Co. Md. | U.S.A |

**13. FATHER'S NAME:** Colonel Dixon

**14. MOTHER'S MAIDEN NAME:** Virgie Mary Powell

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| No | No | | Velma Dixon, West Over Hills, Salis. Md. |

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 444X — (a) Cerebral Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive Vascular Disease — DUE TO

(c)

Interval Between Onset And Death: (a) 2 weeks (b) unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 ....., to ..... ., 19 . , that I last saw the deceased alive on 11-5 ., 1953, and that death occurred at 12:07 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) William R. Elles, M.D. — ADDRESS Salisbury, Md. — DATE SIGNED 11-5-53

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Nov. 6, 1953 | St. Hinatomical Board | Baltimore, | Md |

DATE REC'D BY LOCAL REGISTRAR 11-6-53 — REGISTRAR'S SIGNATURE Mary H. Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME — Mary H. Stewart — ADDRESS 324 E. Church St. Salisbury, Md.

VS. [illegible]

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 719 Richmond Ave.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) (Last) Gunby

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH: 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Gladys Baines

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Artery Heart Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) " " atherosclerosis
DUE TO
(c)

Interval Between Onset And Death: 1 month; Symptoms 1 month

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1953, to Nov. 23, 1953 that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at 4:50 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) David J. Gilmore Cor D. ADDRESS Salisbury Md. DATE SIGNED Nov. 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-29-53
NAME OF CEMETERY OR CREMATORY Green Acres Cem
LOCATION (City, town, or county) Salisbury (State) Md
DATE REC'D BY LOCAL REGISTRAR 11-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker M West
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11592

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY WICOMICO MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HEBRON
LENGTH OF STAY (in this place) 62 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. II

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WICOMICO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HEBRON
STREET ADDRESS (If rural give location) RT. II

3. NAME OF DECEASED: (Type or Print) (First) MAY (Middle) POLLITT (Last) HAYMAN
4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 19
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: LEVIN L. POLLITT
14. MOTHER'S MAIDEN NAME: ANN MARIA RALPH
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS B. FRANK ADKINS, SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.2
Immediate cause (a) Chronic Myocarditis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1953, to Nov. 24th, 1953, that I last saw the deceased alive on 24th Nov 1953, and that death occurred at 4.00 AM from the causes and on the date stated above.
SIGNATURE William Everett (Degree or title) MD ADDRESS Hebron Md DATE SIGNED Nov 25-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 11/27/53
NAME OF CEMETERY OR CREMATORY PARSONS CEMETERY
LOCATION (City, town, or county) SALISBURY (State) MARYLAND
DATE REC'D BY LOCAL REGISTRAR 11-25-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Hill & Johnson Co ADDRESS Salisbury
George C Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) West Main Street

3. NAME OF DECEASED: (Type or Print) (First) Moses (Middle) (Last) Deame

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: ~~Retired~~

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Salisbury Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —
(If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: James Handy

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) DUE TO Arteriosclerotic Heart Disease

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1953, to 11/30, 1953, that I last saw the deceased alive on 11/30, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred R. Graeme M.D. — ADDRESS Salisbury Md. — DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-3-53 — NAME OF CEMETERY OR CREMATORY Green Acres Cem — LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-1-53 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Barker Pollock — ADDRESS

VS. 1

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DEC 3 1953
BUREAU V. S.

Film#G159 Item# 8 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

Dr. Mitchell

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riverside Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): Lake Street

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) LEE (Last) HOLLIDAY

4. DATE OF DEATH: (Month) NOV. (Day) 7 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 25, ~~1872~~ 1875

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Emma Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. M. Slemmons Taylor (Brother) Fire House

18. MEDICAL CERTIFICATION No. #1 Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro - Vascular accident — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2 ..., 19 53, to 11/9 ..., 19 53 that I last saw the deceased alive on 11/6 ..., 19 53, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. C. Mitchell - M.D.
ADDRESS: N. Division St. Salisbury, Maryland
DATE SIGNED: Nov. 9 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 11 1953
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-9-53
REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY SALISBURY MARYLAND
ADDRESS
Walter R. Holloway

VS. 47

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]95

Dr. Laury

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): Mt. Herman Road

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) SIDNEY (Last) HOLLOWAY

4. DATE OF DEATH: (Month) NOV (Day) 19 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 7, 1894

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months 0 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Farm Equipment

11. BIRTHPLACE (State or foreign country): R. D. # 2 Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sylvester R. Holloway

14. MOTHER'S MAIDEN NAME: Mariah Disharoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Ruth I Holloway (Wife) Mt. Herman Road

18. MEDICAL CERTIFICATION — Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ruptured rt. auricle
DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible]49, to 11-19-53, 19 , that I last saw the deceased alive on 11-19, 1953, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. L Laury M D — ADDRESS: Fruitland Maryland — DATE SIGNED: Nov. 20 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 21 1953 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-20-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bivalve
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ~~Aphra~~ Aphra W. (Middle) (Last) Insley

4. DATE OF DEATH: (Month) November (Day) 26 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 8, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sailor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bivalve, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Washington Insley
14. MOTHER'S MAIDEN NAME: Sarah White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes give war or dates of service) —
16. SOCIAL SECURITY No.: 180-12-3435
17. INFORMANT & ADDRESS: Miss Lessie Insley, Boston Mass.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Acute Cardiac Failure — Interval Between Onset And Death: 2 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 5 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia — 1 day.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 July, 1950, to 26 Nov., 1953, that I last saw the deceased alive on 26 Nov, 1953, and that death occurred at 7 15 AM, from the causes and on the date stated above.

SIGNATURE Richard H. Saunders (Degree or title) MD. ADDRESS Nanticoke Md. DATE SIGNED 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/29/53
NAME OF CEMETERY OR CREMATORY Bivalve Cemetery
LOCATION (City, town, or county) (State) Bivalve, Maryland
DATE REC'D BY LOCAL REGISTRAR 11-30-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius G. Messick, Bivalve, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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DEC 2 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11597

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 801 West Main St.

3. NAME OF DECEASED: (Type or Print) (First) Greensbury (Middle) (Last) Jones

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: about 1886

9. AGE last birthday: about 67 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Elliott's Mill

11. BIRTHPLACE (State or foreign country): Salisbury Wicomico Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jacob Jones

14. MOTHER'S MAIDEN NAME: Sallie Hitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Margaret Smith, 370 Manhatten Ave. N.Y.C. N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162

Immediate cause (a) Acute Exudative Pericarditis — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Broncho-genic Carcinoma (Left Lung) — Unknown

DUE TO (c) Cerebral Accident - Rt Sided Hemiplegia — 3 hours

Pulmonary Edema — 3 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing it: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Salisbury — (COUNTY) Wicomico — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1953, to Nov. 28, 1953, that I last saw the deceased alive on 11-28, 1953, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Herbert Sembly M.D. — ADDRESS Salisbury, Md — DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-1-53 — NAME OF CEMETERY OR CREMATORY Houston Cemetery — LOCATION (City, town, or county) (State) Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11-30-53 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME — ADDRESS 324 E. Church St.

Mary A. Stewart, Salisbury, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) RFD #2

3. NAME OF DECEASED: (First) (Middle) (Last) Kenney
4. DATE OF DEATH: (Month) (Day) (Year) November 25 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: NOV. 25, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5 Min. 32
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Russell Earl Kenney
14. MOTHER'S MAIDEN NAME: Gertrude Laura Carey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Gertrude Kenney

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
Immediate cause (a) Prematurity
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)
Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25 ..., 1953, to 11/25 ..., 1953, that I last saw the deceased alive on 11/25 ., 1953, and that death occurred at 4:10 pm ..., from the causes and on the date stated above.
SIGNATURE (Degree or title) Virginia Hunter, M.D
ADDRESS Peninsula General Hosp
DATE SIGNED Nov 27 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/28/53
NAME OF CEMETERY OR CREMATORY Pinnacle Memorial Park
LOCATION (City, town, or county) (State) Salisbury Wic. Md.
DATE REC'D BY LOCAL REGISTRAR 11-28-53
REGISTRAR'S SIGNATURE Mary M. Holloway
24. FUNERAL DIRECTOR Peninsula General Hospital
ADDRESS

20X3212250

VS. A

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DEC 1 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Wicomico
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
   LENGTH OF STAY (in this place): MARYLAND
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY: Somerset
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
   STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Jefferson (Middle) (Last) Lambdon

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 26 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Janitor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Lambdon.

14. MOTHER'S MAIDEN NAME: Virgina Cantwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: (?)

17. INFORMANT'S ADDRESS: Mrs Eva Insley. Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 12 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1953, to 11/22, 1953, that I last saw the deceased alive on 11-22, 1953, and that death occurred at 7 am, from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| William R. Ellis Jr. | MD | Salisbury Md | 11-22-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 11-24-53 | Saint Andrews | Princess Anne | Md. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11-24-53 | Mary W Holloway | Irvin R. Wilson | |

VS.

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NOV 1 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 3

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) (Last) LLOYD

4. DATE OF DEATH (Month) 11 (Day) 19 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3/18/1905
9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Co. Canning Co.
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UnKnown
14. MOTHER'S MAIDEN NAME: UnKnown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 237-16-4791
17. INFORMANT & ADDRESS: Elmer Lloyd Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary Occlusion —
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: Hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE Earl L Ranger M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/21/53
NAME OF CEMETERY OR CREMATORY St. Paul's
LOCATION (City, town, or county) Berlin, Wor. (State) Md.
DATE REC'D BY LOCAL REG. 11/23/53
REGISTRAR'S SIGNATURE Mary W. Halloway
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 10 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital ~~Wicomico~~

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location) Princess Anne

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Preston (Last) Martin
4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 31, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 7 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James H. Martin
14. MOTHER'S MAIDEN NAME: Mary E. Ross
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Peninsula General Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Artery Thrombosis — Interval Between Onset And Death 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis — " "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1951, to Nov. 8, 1953, that I last saw the deceased alive on Nov. 8, 1953, and that death occurred at 7 50 PM, from the causes and on the date stated above.
SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED Nov. 8, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 11-11-53
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) Princess Anne (State) Md.
DATE REC'D BY LOCAL REGISTRAR 11-10-53
REGISTRAR'S SIGNATURE Mary W Holloway
24. FUNERAL DIRECTOR James Henman ADDRESS Princess Anne Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 617 Pearl Street

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) (Last) McGlotten
4. DATE OF DEATH: (Month) (Day) (Year) November 18 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Insurance agent
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shorptown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James McGlotten
14. MOTHER'S MAIDEN NAME: Harrett Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Ethel McGlotten 617 Pearl St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177 X

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Prostate — 4 weeks

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: October 26-1953
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate & Bladder
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 1953, to Nov 18, 1953, that I last saw the deceased alive on Nov 18, 1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L A Kademenger M D
ADDRESS Salisbury Md
DATE SIGNED 11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-22-53
NAME OF CEMETERY OR CREMATORY Church cemetery Shorptown
LOCATION (City, town, or county) (State) Shorptown

DATE REC'D BY LOCAL REGISTRAR 11-20-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Stewart Funeral Home
ADDRESS Mary H. Stewart 324 E. Church St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 1 yr 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Inigoes
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLEO (Middle) (Last) MORGAN
4. DATE OF DEATH: (Month) Nov. (Day) 11th (Year) 1953

5. SEX: F
6. COLOR OR RACE: N. COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GEORGIA, USA
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: CHARLIE MANUEL
14. MOTHER'S MAIDEN NAME: SARAH. .....

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) RECURRENT CEREBRAL THROMBOSIS — Interval Between Onset And Death: 3 Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) GENERAL ARTERIOSCLEROSIS c̄

DUE TO

(c) Hypertension & mental deterioration

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.1, 1952 to 11.11, 1953, that I last saw the deceased alive on 11/11, 1953, and that death occurred at 11/11/53 1:25 PM, from the causes and on the date stated above.

SIGNATURE Dr. Ufuerman (Degree or title) M.D. ADDRESS Deer's Head Hospital, Salisbury Md. DATE SIGNED 11.11.

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 11-18.53
NAME OF CEMETERY OR CREMATORY Green Acres Cem
LOCATION (City, town, or county) Salisbury Md (State)
DATE REC'D BY LOCAL REGISTRAR 11-16-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker McWest ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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NOV 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Anderson Road.

3. NAME OF DECEASED: (Type or Print) (First) Lester (Middle) (Last) Palmer.

4. DATE OF DEATH: (Month) November (Day) 5 (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: about 1893

9. AGE last birthday: about 60 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Exmore, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Brickus

14. MOTHER'S MAIDEN NAME: Tensie — Brickus

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Ralph Palmer, Pemberton Dr. Salis. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval Between Onset And Death: 17 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Not Known

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Not Known

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Nov. 5, 1953, that I last saw the deceased alive on Nov. 1, 1953, and that death occurred at 1:02 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert Lemby MD — ADDRESS Salisbury Md — DATE SIGNED Nov. 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-10-'53 — NAME OF CEMETERY OR CREMATORY Ebenezer Church Cemetery — LOCATION (City, town, or county) Exmore, (State) Va.

DATE REC'D BY LOCAL REGISTRAR 11-7-53 — REGISTRAR'S SIGNATURE Mary W. Hathaway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME — ADDRESS 324 E. Church St

Mary A. Stewart, Salisbury, Maryland.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitehaven
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Whitehaven
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LANISE (Middle) (Last) PETERS

4. DATE OF DEATH (Month) 11 (Day) 5 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH:
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): White Haven
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 500X (a) acute trachea-Bronchitis and Pneumonitis DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 6, 1953
NAME OF CEMETERY OR CREMATORY White Haven Cemetery
LOCATION (City, town, or county) (State) White Haven, Maryland

DATE REC'D BY LOCAL REG. 11-6-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius T. Fassett
ADDRESS Bivalve, Maryland

5093192995

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
OCT 3 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 11½
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 407 College Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Pilchard
4. DATE OF DEATH: (Month) November (Day) 20 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11/20/53
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 5 28 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Norris S. Pilchard
14. MOTHER'S MAIDEN NAME: Mary Anne Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Norris S. Pilchard Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) 762.5 Atelectasis — Interval Between Onset And Death: 5½ hr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Prematurity - 31 weeks
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

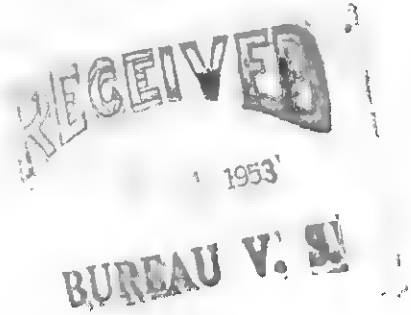
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1953, to 11/20, 1953, that I last saw the deceased alive on 11/20, 1953, and that death occurred at 9.45 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) William C. Morgan M.D. ADDRESS Salisbury Md DATE SIGNED 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/22/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-21-53
REGISTRAR'S SIGNATURE Mary M. McKinney
24. FUNERAL DIRECTOR Hill & Johnson Co. Salisbury Md
ADDRESS George C. Hill II.

VS. 20X3293992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1953
BUREAU V. S

H to Sembly 10.33 Pm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicimico Co (COUNTY) Md (MARYLAND)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: Md (STATE) Wicimico (COUNTY)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) M. (Last) Polk
4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1953
5. SEX: F
6. COLOR OR RACE: C
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Widowed
8. DATE OF BIRTH: July 19, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Princess Anne
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Polk
14. MOTHER'S MAIDEN NAME: Lottie Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Lola Polk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset And Death |
|---|---|---|---|
| 443X Immediate cause | (a) DUE TO | Chronic Myocarditis | 3 years |
| Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO | Bilateral Hemiplegia | 3 years |
| | (c) | Hypertension | Unknown |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Fruitland (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1953, to Nov. 25, 1953, that I last saw the deceased alive on Oct. 22, 1953, and that death occurred at 12 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) G. Herbert Sembly MD
ADDRESS Salisbury Md
DATE SIGNED 11/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-29-1953
NAME OF CEMETERY OR CREMATORY Oaksville Cem
LOCATION (City, town, or county) Oaksville (State) Md
DATE REC'D BY LOCAL REGISTRAR 11-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker M Leech
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ...08

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Pr. Sanitorum

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location) 1/X-...

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) AMELIA (Last) PORTER
4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: September 9, 1860
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U...
13. FATHER'S NAME: Levi C. Porter
14. MOTHER'S MAIDEN NAME: Letitia Hayman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Helen E. Porter, Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4421X (a) Cardio vascular renal disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to Nov. 12, 1953, that I last saw the deceased alive on Nov. 12, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Philip A. Lindsay M.D. ADDRESS Salisbury, Md. DATE SIGNED 11-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/... NAME OF CEMETERY OR CREMATORY Glen Cemetery LOCATION (City, town, or county) Allen, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 11-13-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill Johnson Co. ADDRESS Salisbury, Maryland
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ...

RECEIVED
NOV 16 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY in this place 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deerhead St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill.
STREET ADDRESS (If rural give location) Washington Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Cottingham (Last) Powell
4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 21, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Own Drug Store
11. BIRTHPLACE (State or foreign country): Snow Hill, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Zodak Powell
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Painter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-32-1609A
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 48 hrs.

Immediate cause (a) Mesenteric Thrombosis due to
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis
DUE TO
(c)

4 20.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Heart disease ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1953, to 11-24, 1953, that I last saw the deceased alive on 11-24, 1953 and that death occurred at 8:45 AM from the causes and on the date stated above.
SIGNATURE P. Gore (Degree or title) MD ADDRESS Deerhead Hospital DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 27/53
NAME OF CEMETERY OR CREMATORY Whitcoat Methodist
LOCATION (City, town, or county) Snow Hill, (State) Md
DATE REC'D BY LOCAL REGISTRAR 11-27-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Lilay C. Dunnie, ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]310

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1 PLACE OF DEATH:**
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Rt. 2
LENGTH OF STAY (in this place) I.M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Genral Hospital

**2 USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS John B. Parsons Home (If rural, give location)

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Olivia | | Reese | 11 | 9 | 19 53 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | April 26, 1872 | 81 yrs. | | | | |

| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House Keeper | Own Home | Va. | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| W...Reese | Ester B. Savage |

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| No | --- | None | John B. Parsons Home, Records. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Valvular Heart Disease — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteio - Sclerosis — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from May, 1953, to Nov. 9, 1953, that I last saw the deceased alive on Nov. 8, 1953, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Homer R. Mann M.D. — ADDRESS: Salisbury Md. — DATE SIGNED: 11/10/53

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11/11/53 | Easton Cemetery | Easton, Maryland |

DATE REC'D BY LOCAL REGISTRAR: 11-10-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill Johnson Co. — ADDRESS: Salisbury, Maryland

George E. Hill II

VS. A[illegible]

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NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ina (Middle) Frances (Last) Riggin
4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: May 22, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housework
10b. KIND OF BUSINESS OR INDUSTRY: housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Long
14. MOTHER'S MAIDEN NAME: Anna Dryden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Miss Elise Riggin Salisbury, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

587.0 Immediate cause (a) DUE TO acute pancreatitis

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 4 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1953, to 11-15, 1953, that I last saw the deceased alive on 11-15, 1953 and that death occurred at 2 50 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD
ADDRESS Salisbury, Md
DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-17-1953
NAME OF CEMETERY OR CREMATORY Perrynawkin Cemetery
LOCATION (City, town, or county) (State) Near Princess Anne, Md

DATE REC'D BY LOCAL REGISTRAR 11-16-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Levin R. Wilson
ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

Dr. Carrie Hearn

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 713 Howard St.

3. NAME OF DECEASED: (Type or Print) (First) HAMMOND (Middle) WILLIAM (Last) SHIPLEY
4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 4,1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Poultry Supply Store
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Shipley
14. MOTHER'S MAIDEN NAME: ---------- Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Ada C. Shipley (Wife) 713 Howard St.

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Cerebral Haemorrhage.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis & Hypertension.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24/53, 19..... to 11/2/53 19....., that I last saw the deceased alive on 10/25/53 19..... , and that death occurred at 7:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Carrie Hearn M.D. W. Church St. Salisbury, Maryland Nov. 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 4,1953
NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
LOCATION (City, town, or county) (State) Laurel , Deleware

DATE REC'D BY LOCAL REGISTRAR 11-2-53
REGISTRAR'S SIGNATURE Maryett Holloway
24. FUNERAL DIRECTOR ADDRESS
HOLLOWAY & COMPANY SALISBURY MARYLAND
Walter R. Holloway Walter R. Holloway

VS. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]613

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 726 Parkway Circle (Glen Haven )

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Leyshon (Last) Simmons
4. DATE OF DEATH: (Month) Nov. (Day) 26. (Year) 1953. 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 6. 1881
9. AGE last birthday: 72. yrs. IF UNDER 1 YEAR Months 20 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, [illegible] Railway Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Mail Service
11. BIRTHPLACE (State or foreign country): Dover, Delaware.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert J. Simmons
14. MOTHER'S MAIDEN NAME: Margaret L. Leyshon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish 1898
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Cornelia A. Simmons ( Wife) 726 Parkway Circle (Glen Haven) Salisbury, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death: 2 yrs. ~~xxxxx~~ plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 1951, to 11/26 1953, that I last saw the deceased alive on 11/26, 1953, and that death occurred at 10.P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. R. Gramse M.D. ADDRESS Salisbury, Md DATE SIGNED 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 1. 1953.
NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem.
LOCATION (City, town, or county) (State) Ft. Meyers Virginia.

DATE REC'D BY LOCAL REGISTRAR 11-27-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Company, ADDRESS Salisbury, Maryland.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague V.
STREET ADDRESS (If rural give location) 501 N. Main St

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Snead

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 22, 1876
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Seafood Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Chincoteague Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James T. Snead
14. MOTHER'S MAIDEN NAME: Cecelia Whealton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 226-40-4931
17. INFORMANT & ADDRESS: Mrs Fannie R. Snead (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary (Occlusion) Thrombosis — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocardial dilatation — 24 hr

DUE TO (c) Hypotensive C.V.R disease — don't know

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epistaxis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8, 1953, to 11-13 1953 that I last saw the deceased alive on 11-13 1953, and that death occurred at 3:03 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-16-53 NAME OF CEMETERY OR CREMATORY Downing Cemetery LOCATION (City, town, or county) Oak Hall, Va. (State)

DATE REC'D BY LOCAL REGISTRAR 11-16-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR W. R. Salyer ADDRESS Chincoteague, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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BUREAU V. S.

Film#G160 Item# 13.14 12/8/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1615

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 214. Long. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Miller (Last) Strasinger

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Dec. 23-1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown Ningard
14. MOTHER'S MAIDEN NAME: Unknown Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Thos H. Stores Daughter 214. Long. Ave. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death 8 hrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to 11/28, 1953 that I last saw the deceased alive on 11/28, 1953, and that death occurred at 7:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred R. Granise M.D. ADDRESS Salisbury Md. DATE SIGNED 11/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 1-53
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-29-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

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DEC 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Heerstead Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingston 17-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) Mae (Last) Swift
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 9-25-1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months / Days / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Dwell House
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Rhodes Wilson
14. MOTHER'S MAIDEN NAME: Unknown Annie Conaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Norman Watson, Laurel Dela.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis due to
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 8 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C-V-D.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1951, to 11-14, 1953 that I last saw the deceased alive on 11-14, 1953 and that death occurred at 5:05 AM from the causes and on the date stated above.
SIGNATURE Robert J. Gore (Degree or title) MD ADDRESS Heerstead Stde H. DATE SIGNED 11-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 18-53
NAME OF CEMETERY OR CREMATORY Wd Turners Cemetery
LOCATION (City, town, or county) (State) Laurel, Dela.
DATE REC'D BY LOCAL REGISTRAR 11-19-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR H. L. Dickerson Jr. ADDRESS Laurel Dela

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A

NOV 2 9 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Royer

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 311 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) SANFORD (Middle) ALLEN (Last) TOADVINE
4. DATE OF DEATH: (Month) NOV. (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 16, 1872
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofing Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Own Roofing Co
11. BIRTHPLACE (State or foreign country): R. D. Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wesley Toadvine
14. MOTHER'S MAIDEN NAME: WillianAnne Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Ida Trader Toadvine (Wife) 311 Md. Ave. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812 Immediate cause (a) Multiple fractures — hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street
(CITY OR TOWN): Salisbury (COUNTY): Wicomico (STATE): Md.
TIME OF INJURY (Month) 11 (Day) 11 (Year) 1953 (Hour) 7 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck by Auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Earl L Royer (Degree or title) ADDRESS: N. Division St. Salisbury, Md. DATE SIGNED: 13 Nov. 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 14, 1953
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 11-13-53
REGISTRAR'S SIGNATURE: Maryland Attorney
24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND
Walter R. Holloway
Walter R. Holloway

RECEIVED
NOV 16 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WICOMICO — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY MD — MARYLAND — LENGTH OF STAY (In this place) 15 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS PENINSULA GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN westover — STREET ADDRESS (If rural give location) RT.I

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) WALKER

4. DATE OF DEATH: (Month) (Day) (Year) II/2/1953

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: I/25/1899

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABOR

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11 BIRTHPLACE (State or foreign country): MACON.GEORGIA.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-16-5740

17. INFORMANT & ADDRESS: MARY D.WALKER.WESTOVER.MD.RT.I

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 421.4 Valvular Heart Disease — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteria - sclerosis — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☑ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1953, to 11/2, 1953, that I last saw the deceased alive on 11/2, 1953, and that death occurred at 1100 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John R Mann M.D. — ADDRESS Salisbury Md — DATE SIGNED 11/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 11-6-53 — NAME OF CEMETERY OR CREMATORY CORDELE.GEORGIA. — LOCATION (City, town, or county) (State) CORDELE.GEORGIA.

DATE REC'D BY LOCAL REGISTRAR 11-5-53 — REGISTRAR'S SIGNATURE Mary M Holloway — 24. FUNERAL DIRECTOR William H James — ADDRESS [illegible]

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) Since 2/13/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital Salisbury, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Webster
4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 27, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY: SEAFOOD
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Webster
14. MOTHER'S MAIDEN NAME: Emma Webster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ---
17. INFORMANT & ADDRESS: Deceased when admitted to Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

OCSX

Immediate cause (a) Chr. Myocarditis — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Tuberculosis — 2 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1953 to Nov. 4, 1953, that I last saw the deceased alive on Nov. 4, 1953, and that death occurred at 1:57 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D., Supt. ADDRESS Salisbury, Md. DATE SIGNED Nov. 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov-6-53
NAME OF CEMETERY OR CREMATORY St. John's M'E
LOCATION (City, town, or county) Deal Island Md (State)
DATE REC'D BY LOCAL REGISTRAR 11-6-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR L. H. Webster ADDRESS Deal Island

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Street age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
NOV 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) Pond Street.

3. NAME OF DECEASED: (Type or Print) (First) Mr John (Middle) Wesley (Last) West.

4. DATE OF DEATH: (Month) November (Day) 4th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 4, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Berlin Md R F D
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Minos West
14. MOTHER'S MAIDEN NAME: Martha Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 215-16-3712
17. INFORMANT & ADDRESS: Le Roy West, Snow Hill, Md

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 18-X (a) Carcinoma of Kidney, left c. metastasis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 3 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 11:18 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Fisher Jr. ADDRESS Salisbury DATE SIGNED Md. 11-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/7/53
NAME OF CEMETERY OR CREMATORY Riverside
LOCATION (City, town, or county) Berlin (State) Md R F D
DATE REC'D BY LOCAL REGISTRAR 11-7-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Irene A. Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1953
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

Dr. Emrick

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebron
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebron
STREET ADDRESS (If rural give location): R. D. # 1

3. NAME OF DECEASED: (Type or Print) (First) SALLIE (Middle) JANE (Last) WHITE

4. DATE OF DEATH: (Month) NOV (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 7, 1873

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months 1, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Quantico, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S. Owens

14. MOTHER'S MAIDEN NAME: Maggie Helen Goslee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Omar Owens R.D. # 1 Hebron, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — DUE TO

(c)

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13th, 1953, to Nov. 15th, 1953, that I last saw the deceased alive on Nov. 15th, 1953, and that death occurred at 12.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William Emrick M.D — ADDRESS: Hebron, Maryland — DATE SIGNED: Nov. 17th 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 18, 1953 — NAME OF CEMETERY OR CREMATORY: Hebron Cemetery — LOCATION (City, town, or county) (State): Hebron, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-17-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

Walter R. Holloway

Walter R. Holloway

VS.

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NOV 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

11622

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) C. (Last) Whitney

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 11-1895
9. AGE last birthday: 57-11-13 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George C. Shackley
14. MOTHER'S MAIDEN NAME: Laura Gordon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Ernest G. Whitney, Pittsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241.X

Immediate cause (a) Chronic myocarditis — Interval Between Onset And Death: 5 yrs

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchial asthma — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1943, 19.., to 11-24-, 1953, that I last saw the deceased alive on 11-24, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank R. Lewis M.D. ADDRESS Willards Md. DATE SIGNED 11-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 26/53
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Dennis, ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11623

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place) 30 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural give location) 204 W. Phila. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) ALICE (Last) Wroten

4. DATE OF DEATH: (Month) November (Day) 1st. (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 18, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel A. Williams
14. MOTHER'S MAIDEN NAME: Matilda E. Phippin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Nettie E. Carey - Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Myocardial infarction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28/28, 1953, to 11/1, 1953, that I last saw the deceased alive on 11/1, 1953 and that death occurred at 8 22 AM, from the causes and on the date stated above.

SIGNATURE Andrew C. Mitchell (Degree or title) M.D. ADDRESS 228 N. Div. Salisbury, Md DATE SIGNED 11/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/3/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-2-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
NOV 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

11624

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill 23X-2
STREET ADDRESS (If rural give location) 3 Ross St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) (Last) Young

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 12 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Oct. 29 1891
9. AGE last birthday: 62/0/13 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Spartanburg S.C. 37
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Downs
14. MOTHER'S MAIDEN NAME: Sarah Alexander

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Charles C. Young, Snow Hill, Md 3 Ross St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma of pancreas — Interval Between Onset And Death: 6 Mos's

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia — 2 days

19a. DATE OF OPERATION: Nov 9, 1953
19b. MAJOR FINDINGS OF OPERATION: Above
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1953, to 11-12, 1953, that I last saw the deceased alive on 11-12, 1953 and that death occurred at 11:06 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John M. Blopom III — ADDRESS 324 N. Division St. Salisbury, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 15/53 — NAME OF CEMETERY OR CREMATORY Baptist — LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-17-53 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Clay C. Timmis, Snow Hill, — ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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NOV 20 1953
BUREAU V. S.